Attorney Docket No. 169.1736 First Named Inventor or Application Identifier

UTILITY PATENT APPLICATION TRANSMITTAL

TRANSMITTAL			TIMOTHY JOHN LINDQUIST						
(Only for new nonprovisional applications under 37 CFR 1.53(b))				Express Mail Label No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				ASSISTANT Commissioner for Patents Box Patent Application Washington, DC 20231					
1. Fee Transmittal Form (Submit an original, and a duplicate for fee processing)			6.						
2. X	, otal, ogoć <u>[22]</u>		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a Computer Readable Copy						
3. X	Drawing(s) (35 USC 113) Oath or Declaration Total is	Sheets 4				eal to computer copy) identity of above copies			
لـنـــا		· <u></u> -				, and an analysis of the same			
	a. Newly executed (original or	•		ACCOM	PANYING APPLIC	CATION PARTS			
5.		on (37 CFR 1.63(d)) ith Box 17 completed) NVENTOR(S) that attached deleting I in the prior application, see) and 1.33(b). Box 4c is checked) tion, from which a copy of Box 4c, is considered as appanying application and is	11.	37 CFR 3.73 (when there English Translatement (I Preliminary A Return Rece (Should be s Small Entity Statement(s) Certified Cop	DS)/PTO-1449 Amendment sipt Postcard (MPE	Power of Attorney (if applicable) Copies of IDS Citations P 503) Cent filed in prior application and desired			
						,			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No/									
		18. CORRESPO	ONDENCE ADDI	RESS					
x c	X Customer Number or Bar Code Label (Insert Customer No. or Atlach bar code label here) or Correspondence address below								
NAME	<u> </u>	<u> </u>		<u> </u>					
Address									
City		State			Zip Code				
Country		Telephone			Fax				

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	16-20 =	0	X \$ 18.00 =	\$0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 78.00 =	\$0
	MULTIPLE DEPENDEN	CLAIMS (if applicable) (37 CFR 1.16(d))		\$260.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	\$690.00
			Total of	above Calculations =	\$690.00
	Reduction by	0			
	TOTAL =				l
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a. b. c. 20. X	A Small er and desire Is no long. A check in the amount A check in the amount Commissioner is hereby. 06-1205:	ntity statement was filed ited. er claimed. ount of \$ 690.00 to cover ount of \$to 6	in the prior nonprovision the filing fee is enclose	nal application and su	ch status is still prope

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	LEONARD P. DIANA, ESQ.				
SIGNATURE		29,296			
DATE	June 1, 2000				

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